

## Request for Expungement Review Child/Adult Protective Services Registry

If you want to have your name considered for removal (or expunged) from the Child/Adult Protective Services Central Registry, please supply the requested information.

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Your Current Name (Please Print)

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Your Current Mailing Address (Street, City, State, Zip Code)

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Date of Birth

Social Security Number

Other names previously used, such as former married names, maiden name, and nicknames. Please print.

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Names and birth dates of your children and any children who have lived with you. Please print.

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Any addresses where you have lived in the past 20 years.

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If you remember the situation, you may provide your version of the incident. If you completed any type of program to correct the problem, such as therapy, drug and/or alcohol treatment, parenting classes, etc, you may want to include documentation of that program.

Mail your request to:

Nebraska Department of Health and Human Services  
Children and Family Services, Policy Unit  
Attention Central Registry  
PO Box 95026  
Lincoln, NE 68509